

**PROFICIENCY TESTING PROGRAM ENROLLMENT APPLICATION
FOR STATE LICENSED CLINICAL LABORATORIES (2006)**

The Department has granted equivalency to specific alternate proficiency testing providers identified below: CAP and AAB. Where indicated, state-licensed laboratories may choose to enroll in CLIS or one of the specific alternative surveys. **SUBSTITUTION OF SURVEYS OTHER THAN THOSE LISTED WILL NOT BE PERMITTED WITHOUT PRIOR CLIS APPROVAL.**

A fee for reviewing performance data from approved alternative surveys is indicated next to each alternative survey. This fee is payable to CLIS and is in addition to any enrollment fee required by the alternative PT provider. Please check the appropriate box next to the fee under the proficiency provider you have chosen for laboratory evaluation.

Name and Address of Laboratory				Exact Shipping Address for Surveys			
Name of Contact Person			Telephone Number			Fax Number	
Name of Lab Director (Print)		CLIA ID No.	COLA ID No.	State License No.	Email Address		

Type of Survey	CLIS			To Be Completed by Labs Enrolled with CAP			To Be Completed by Labs Enrolled with AAB		
	Code	Fee	X	Code	Fee	X	Code	Fee	X
Bacteriology	////	////	///	<input type="checkbox"/> D <input type="checkbox"/> D4 <input type="checkbox"/> D2 <input type="checkbox"/> D7 <input type="checkbox"/> D3	\$50/ Survey		Bacteriology	\$50	
Throat Culture Only (Plate/Disk)	M101	\$150		D1	\$50		GC Culture	\$50	
Group A Strep Throat Screen Only (Swab) - Rapid Strep	M103	\$100		D6	\$50		Urine Culture	\$50	
Gram Stains Only	////	////	///	D5	\$50		Throat Culture	\$50	
Syphilis	S100	\$150		G	\$50		Antigen Screen	\$50	
Diagnostic Immunology, Indicate: <input type="checkbox"/> ASO <input type="checkbox"/> Rubella <input type="checkbox"/> RF <input type="checkbox"/> IM <input type="checkbox"/> Serum hCG	S101	\$340		<input type="checkbox"/> ASO <input type="checkbox"/> hCG <input type="checkbox"/> IM <input type="checkbox"/> RF <input type="checkbox"/> RUB	\$50		Syphilis	\$50	
Indicate: <input type="checkbox"/> Rubella and/or <input type="checkbox"/> Rheumatoid Factor Only	S102	\$280		<input type="checkbox"/> RF <input type="checkbox"/> RUB	\$50		Rubella	\$50	
Indicate: <input type="checkbox"/> ASO <input type="checkbox"/> IM and/or <input type="checkbox"/> Serum hCG Only	S103	\$280		<input type="checkbox"/> ASO <input type="checkbox"/> IM <input type="checkbox"/> hCG	\$50		Rheumatoid Factor	\$50	
Antinuclear Antibody	////	////	///	ANA	\$50		ASO	\$50	
Endocrinology (Cortisol and Thyroid Function Tests Only)	E100	\$190		<input type="checkbox"/> K <input type="checkbox"/> C1 <input type="checkbox"/> KN <input type="checkbox"/> C3	\$50/ Survey		IM	\$50	
Chemistry	C100	\$275		<input type="checkbox"/> C1 <input type="checkbox"/> C3 <input type="checkbox"/> CARM	\$50/ Survey		hCG	\$50	
Neonatal Bilirubin	////	////	///	NB	\$50		ANA	\$50	
Lipids/Glucose Only	C101	\$175		////	////	///	Comp. Chemistry	\$50	
Electrolytes Only	C103	\$150		////	////	///	Basic Chemistry	\$50	
Blood Gas * (Number of Surveys: _____)	////	////	///	<input type="checkbox"/> O <input type="checkbox"/> AQ <input type="checkbox"/> Q <input type="checkbox"/> AQ2	\$50 X (NS)		Comp. Chemistry	\$50	
Drugs of Abuse	T101	\$250		<input type="checkbox"/> UT <input type="checkbox"/> UDS <input type="checkbox"/> UDC <input type="checkbox"/> SDS	\$50/ Survey		Isoenzymes	\$50	
Therapeutic Drug Monitoring (TDM)	T102	\$320		<input type="checkbox"/> Z <input type="checkbox"/> ZM	\$50/ Survey		////	////	///
Comprehensive Blood Bank and Immunohematology	////	////	///	<input type="checkbox"/> J <input type="checkbox"/> JAT	\$50/ Survey		TDM	\$50	
Limited Immunohematology	////	////	///	J1	\$50		Comp. Immunohematology	\$50	
Hematology (CBC) Blood Cell ID: <input type="checkbox"/> Yes <input type="checkbox"/> No	H100	\$225		HE	\$50		Basic Immunohematology	\$50	
Hematology (CBC) with Automated Differential	H100A	\$325		<input type="checkbox"/> FH1 <input type="checkbox"/> FH6 <input type="checkbox"/> FH2 <input type="checkbox"/> FH8 <input type="checkbox"/> FH3 <input type="checkbox"/> FH9 <input type="checkbox"/> FH4 <input type="checkbox"/> FH10 <input type="checkbox"/> FH5	\$50/ Survey		Hematology	\$50	
QBC Centrifugal Hematology with Differential	H104	\$225		////	////	///	Hematology with Automated Differential	\$50	
Hemoglobin/Hematocrit Only	H101	\$125		////	////	///	QBC	\$50	

* Surveys required for each primary testing instrument in the facility. Surveys for back-up instruments are optional. Include number of surveys needed (NS) in calculations.

PROFICIENCY TESTING PROGRAM ENROLLMENT APPLICATION FOR STATE LICENSED CLINICAL LABS, Continued

Name of Laboratory				CLIA ID No.			COLA ID No.		
Type of Survey	CLIS			To Be Completed by Labs Enrolled with CAP			To Be Completed by Labs Enrolled with AAB		
	Code	Fee	X	Code	Fee	X	Code	Fee	X
Blood Cell ID Only	H102	\$100		//////////	////	///	//////////	////	///
Coagulation	H103	\$225		<input type="checkbox"/> CG1 <input type="checkbox"/> CG2	\$50/ Survey		Coagulation	\$50	
Whole Blood Prothrombin Time (Only Roche CoaguChek S/Pro DM System)	H105	\$175		<input type="checkbox"/> WBP <input type="checkbox"/> WP2 <input type="checkbox"/> WP1	\$50/ Survey		Whole Blood PT	\$50	
Mycobacteriology, Class 1, 2	////	////	///	E1	\$50		AF Screen	\$50	
Mycobacteriology, Class 3, 4	////	////	///	E	\$50		//////////	////	///
Parasitology	////	////	///	<input type="checkbox"/> P <input type="checkbox"/> P4 <input type="checkbox"/> BP <input type="checkbox"/> P5 <input type="checkbox"/> P3	\$50/ Survey		Parasitology	\$50	
Mycology (Class 4)	////	////	///	F	\$50		//////////	////	///
Mycology (Class 3)	////	////	///	F1	\$50		//////////	////	///
Virology	////	////	///	<input type="checkbox"/> VR1 <input type="checkbox"/> HC2 <input type="checkbox"/> VR2 <input type="checkbox"/> HC3 <input type="checkbox"/> VR3 <input type="checkbox"/> HC4 <input type="checkbox"/> VR4 <input type="checkbox"/> HC5 <input type="checkbox"/> HC1 <input type="checkbox"/> HC6	\$50/ Survey		Chlamydia Antigen Screen	\$50	
Whole Blood/Serum Alcohol	////	////	///	<input type="checkbox"/> AL1 <input type="checkbox"/> AL2	\$50/ Survey		Alcohol (Serum)	\$50	
Blood Lead (Labs using filter paper collection techniques must enroll with Wis. PT Survey FB.)	////	////	///	<input type="checkbox"/> BL <input type="checkbox"/> Wis-PB <input type="checkbox"/> Wis-FB	\$50/ Survey		//////////	////	///
General Immunology (A-1-a, C3/C4, IgA, IgE, IgG, IgM)	////	////	///	<input type="checkbox"/> IG <input type="checkbox"/> SE	\$50/ Survey		Immunoproteins	\$50	
Hepatitis/HIV (Labs using Murex Test Kit for HIV may enroll with Wisconsin State Proficiency Testing Program)	////	////	///	<input type="checkbox"/> VM1 <input type="checkbox"/> VM2 <input type="checkbox"/> RHIV <input type="checkbox"/> Wisc. HIV	\$50/ Survey		Viral Markers	\$50	
Erythrocyte Protoporphyrin	////	////	///	<input type="checkbox"/> Wisc. <input type="checkbox"/> Penn. <input type="checkbox"/> N.Y.	\$50		//////////	////	///
BIANNUAL ASSESSMENT PROGRAM (BAP)									
Check <input checked="" type="checkbox"/> BAP Survey(s) Requested		Code	Fee	Check <input checked="" type="checkbox"/> BAP Survey(s) Requested		Code	Fee		
<input type="checkbox"/> Urine Microscopy Only		B100	\$25	<input type="checkbox"/> Vaginal Wet Prep		B112	\$25		
<input type="checkbox"/> KOH Prep		B101	\$25	<input type="checkbox"/> Throat-Screen (CLIA-Waived Rapid Strep Methods) (Not for State-Licensed Labs)		B113	\$25		
<input type="checkbox"/> Pinworm Prep		B102	\$25	<input type="checkbox"/> Urinalysis Combo (see brochure) Microscopy: <input type="checkbox"/> Yes <input type="checkbox"/> No		B114	\$75		
<input type="checkbox"/> Sedimentation Rate		B103	\$75	<input type="checkbox"/> Fecal Occult Blood		B115	\$25		
<input type="checkbox"/> Sperm (Absence or Presence)		B104	\$25	<input type="checkbox"/> CoaguChek Prothrombin Time (Not for State Licensed Labs)		B116	\$75		
<input type="checkbox"/> H. pylori Antibody		B105	\$75	<input type="checkbox"/> GGT and/or Phosphorus		B117	\$50		
<input type="checkbox"/> C-Reactive Protein (CRP)		B106	\$35	<input type="checkbox"/> Urine Culture (UC) Screen		M104	\$75		
<input type="checkbox"/> PSA and/or PAP		B107	\$75	<input type="checkbox"/> UC Screen with Antibiotic Susceptibility Testing		M105	\$100		
<input type="checkbox"/> Whole Blood Glucose (CLIA-Waived Methods)		B108	\$50	<input type="checkbox"/> Dermatophyte Screen (DTM Agar)		M400	\$75		
<input type="checkbox"/> Glycohemoglobin		B109	\$50	<input type="checkbox"/> Dipstick Urinalysis Only		U100	\$35		
<input type="checkbox"/> Urine hCG Only		B110	\$25						
<input type="checkbox"/> Sperm Count		B111	\$100						
Total Fee for Required Services _____ Late Fee of \$50.00 (for Renewal after 11/1/05; not applicable to Initial Applications): _____ GRAND TOTAL: _____				A check or money order, payable to "NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES-PT," must accompany each application. Telephone orders WILL NOT be accepted. As some survey samples may contain pathogenic material, an authorized signature is required to process this order. Authorization conveys responsibility for receiving, storing and disposing of such material to the laboratory purchasing the samples.					
Signature of authorized individual below grants permission to report CLIS survey results to the Center for Medicare and Medicaid Services (CMS).									
Name of Authorized Individual					Title				
Signature					Date				
FOR STATE USE ONLY:	Check/M.O. No.	Date of Check/M.O.	Amount	Received By	Date Received				